The WIC program and the state's Maternal Health Program are described on page 20 of this report.

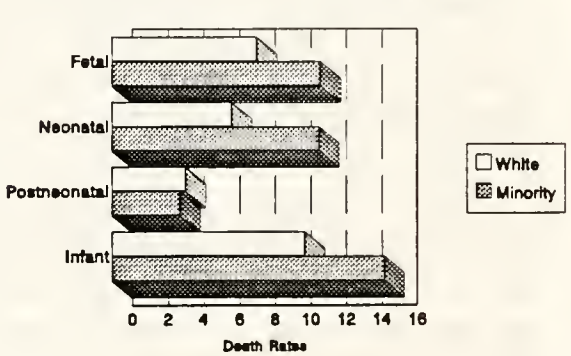
Fetal and Infant Mortality

For each type of death (fetal, neonatal, postneonatal, infant), Table 19 shows death rates by race and age for adolescent mothers giving birth in 1991. Due to small numbers, data for ages 10-14 are not shown separately. Generally, the minority rates are higher than the white, an exception being the higher postneonatal death rate among white mothers aged 15-17. Differences between younger and older adolescents are not as great as one might expect. In fact, the fetal and neonatal death rates are higher for white mothers aged 18-19 than for white mothers aged 15-17.

For adolescent mothers, Figure 9 depicts the fetal, neonatal, postneonatal, and infant death rates by race. Each of these rates represents substantial improvement over the last 15 years with the infant death rate for each race group down nearly 50 percent since 1978. The white fetal death rate has dropped least (12%) while the minority postneonatal death rate has declined most (60%).

FIGURE 9

Fetal, Neonatal, Postneonatal, and Infant Death Rates by Race
North Carolina Mothers 10-19, Birth Year 1991



For the 215 infant deaths among adolescent mothers (10-19) who gave birth in 1991, Table 20 shows the numbers and death rates for major causes of death by race.

Sexually Transmitted Diseases (STDs)

Compared to 1978, adolescents aged 10-14 in 1992 experienced increased rates of syphilis and gonorrhea while older adolescents experienced an increased syphilis rate (up 173%) but reduced gonorrhea rate (down 17%). The gonorrhea reduction involved all race-sex groups aged 15-19 except minority males whose rate rose 65 percent.

Assuming consistent reporting practices over time, the observed increases are disturbing. Also disturbing are the state-national differentials observed in gonorrhea. Compared to the U.S. in 1991 (latest year available),[25] the state's 1992 gonorrhea rate was 115 percent higher at ages 10-14 and 80 percent higher at ages 15-19. Differences in racial distribution may account for some of the state's apparent excess.

For syphilis, gonorrhea, and chlamydia (the last not reportable until 1986), Table 21 examines the state's 1992 adolescent incidence rates in age and race-sex detail. Wide disparities are observed with older adolescents, females of both races, and minorities of both sexes exhibiting exceedingly high rates. The one exception is the approximately equal rates of gonorrhea among minority males and females aged 15-19.

While the age-race-sex differentials are striking, the reader should keep in mind that **infectious disease counts are subject to testing and reporting biases, which tend to underrepresent people tested in the private sector.**

In general, STD rates are higher at ages 20-24 than at younger ages. For white and minority females, however, the 1992 rates of gonorrhea and chlamydia both peaked at ages 15-19.

Concerning adolescent AIDS, three cases aged 15-19 were reported in 1992: two were white males, one a minority male. ***Many more individuals actually acquire the HIV infection during adolescence, however.***